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RYTHARD J. SAMUEL, ESQ.  
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1092 PARK AVE., 10TH FLOOR  
NEW YORK NY 10022-4689

0651/1094

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Shaham Islam, Esq.

(Depositor's name)

(Signature)

February 24, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
0651/0044	04/15/95	018	WINAKOR, E	11/24/98
First Named Applicant	WTKHOUSE, 35 USC 154(a) being ext. 0 0 0 0 0 0			

TITLE OF INVENTION: METHOD AND APPARATUS FOR SKIN RESURVECTION AND WRINKLE SMOOTHING

NO \$120

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 06134/114	006-009.000	MB7	UTILITY	YES	\$855.00	02/24/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Friedman Siegelbaum LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ESC Medical Systems Ltd.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Israel

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

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(Date) Feb 24, 1999

MAR 15 1999

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